

EXHIBIT B

State of Tennessee
In the Circuit Court of Sequatchie County

KATHY DENTON

Plaintiff

No. 2018CV33

NEW YORK LIFE INSURANCE COMPANY

Defendant

I, KAREN L. MILLSAPS, CLERK OF THE
CIRCUIT & SESSIONS COURTS OF
SEQUATCHIE COUNTY, TENNESSEE
CERTIFY THAT THIS IS A TRUE AND
CORRECT COPY OF THIS ORIGINAL
DOCUMENT FILED IN THIS OFFICE.

SUMMONS

New York Life Insurance Company – 51
Madison Avenue, New York, NY 10010-1603-
c/o Commissioner of Insurance for the State of

500 James Robertson Parkway, Nashville, TN 37243-

TO: Tennessee
Defendant

1131
Address

THIS 28 DAY OF March, 2018
Stamer
() CLERK (X) DEPUTY CLERK

Defendant

Address

Defendant

Address

You are hereby summoned to answer and make defense to a bill of complaint which has been filed in the Circuit Court of Sequatchie County, Tennessee in the above styled case. Your defense to this complaint must be filed in the office of the Circuit Court Clerk of Sequatchie County, Tennessee on or before thirty (30) days after service of this summons upon you. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

WITNESSED and Issued this 28 day of March, 2018

CIRCUIT COURT OF SEQUATCHIE COUNTY
351 Fredonia Road, Suite B
Dunlap, TN 37327
(423) 949-2618

Karen L. Millsaps, Circuit Court Clerk
By Cynthia Hobbs
Deputy Circuit Court Clerk

Attorneys for Plaintiff Samuel F. Hudson, Esq.

P.O. Box 485, Dunlap, TN 37327

Address

Plaintiff's Address See Attorney's Address

Received this _____ day of _____, 2018

/S/

Deputy Sheriff



COPY

**IN THE 12TH JUDICIAL DISTRICT OF TENNESSEE
CIRCUIT COURT OF SEQUATCHIE COUNTY**

I, KAREN L. MILLSAPS, CLERK OF THE
CIRCUIT & SESSIONS COURTS OF
SEQUATCHIE COUNTY, TENNESSEE
CERTIFY THAT THIS IS A TRUE AND
CORRECT COPY OF THIS ORIGINAL
DOCUMENT FILED IN THIS OFFICE.

KATHY DENTON,

Plaintiff,

v.

NEW YORK LIFE INSURANCE
COMPANY,

Defendant.

THIS 28 DAY OF March, 2018

() CLERK () DEPUTY CLERK

NO. 2018CV33

JURY DEMAND

DATE 3-28-18

Circuit Court

Sequatchie Co., TN

Karen L. Millsaps, Clerk

COMPLAINT

Comes now Plaintiff, KATHY A. DENTON (hereinafter "Plaintiff"), by and through the undersigned counsel, and in support of her Complaint against Defendant, NEW YORK LIFE INSURANCE COMPANY (hereinafter "Defendant"), asserts as follows:

1. Plaintiff is an adult citizen and resident of Sequatchie County, Tennessee, and she is the surviving widow of John Edward Denton (hereinafter "Decedent") who died on November 11, 2016. At all times relevant herein, Decedent was also a citizen and resident of Sequatchie County, Tennessee.

2. Defendant is a foreign insurance company doing business in this state. As such, Defendant may be served with process through the Commissioner of the Tennessee Department of Commerce and Insurance.

3. On or about September 8, 2016, Decedent completed a form titled Member Enrollment Form Request for Group Insurance (hereinafter "Enrollment Form") (a copy of which is attached hereto as Exhibit A). On said Enrollment Form, Decedent required \$75,000.00 in life insurance coverage and designated Plaintiff as the sole beneficiary. Decedent signed the form electronically and submitted it via an on-line application.

4. Decedent was physically located in Tennessee when he completed and submitted the Enrollment Form.

5. The Enrollment Form contained a section titled, "B. Statement of Health," which required Decedent to respond "yes" or "no" to the three (3) questions regarding Decedent's health. Decedent truthfully answered "NO" to all three (3) questions, but only the following two (2) questions are pertinent to this lawsuit:

"1. In the past 2 years, have you had treatment or medication for or been diagnosed as having heart trouble, stroke, cancer, lung disease, diabetes requiring insulin, liver or kidney disease, AIDS, AIDS related Complex, or immune system disorder?"

"3. In the past 3 months, have you consulted a doctor or had treatment, medication or diagnostic tests of any type?"

6. On or about October 14, 2016, Defendant issued and delivered to Decedent a Certificate of insurance coverage indicating that Defendant had issued an insurance policy insuring Decedent's life as of that date for \$75,000.00, with Plaintiff designated as the sole beneficiary of said insurance policy. The Policy Number as AA-66, and the Certificate Number was A8742237. A copy of the Certificate is attached hereto as Exhibit B.

7. On October 1, 2016, approximately one (1) month after Decedent had completed and submitted the Enrollment Form to Defendant, Decedent was diagnosed with small cell cancer of the lung. Prior to this diagnosis, Decedent had received no other diagnosis of cardiac or pulmonary disease.

8. On November 11, 2016, Decedent passed away as a direct result of lung cancer. A copy of Decedent's death certificate is attached hereto as Exhibit C.

9. A short time after Decedent's death, Plaintiff submitted a claim for benefits to Defendant pursuant to Decedent's life insurance policy with Defendant.

10. On or about March 29, 2017, Defendant mailed a written response to Plaintiff in which it denied Plaintiff's claim based on an allegation that Decedent had misstated material facts concerning his medical history by responding "no" to questions 1 and 3 on the Enrollment Form as previously set forth in paragraph 5 herein. As a result of said allegation, Defendant rescinded Decedent's policy and issued a refund to Plaintiff for any premiums paid toward the policy prior to Decedent's death.

11. Following her receipt of Defendant's correspondence dated March 29, 2017, Plaintiff subsequently submitted a letter to Defendant from Decedent's treating physician, Dr. Paul L. Dassow, who treated Decedent from 2011 through his death in 2016. Dr. Dassow's letter explicitly stated that Decedent had not received any diagnosis of cardiac or pulmonary disease prior to October 1, 2016, and that Decedent "had no significant symptoms of cardiac or pulmonary disease at the time that he obtained his life insurance policy." A copy of Dr. Dassow's letter is attached hereto as Exhibit D.

12. In response to the letter from Dr. Dassow, Defendant again responded in writing to Plaintiff on or about May 16, 2017. In said response, Defendant stated that Plaintiff's claim was not denied due to Decedent's lung cancer. Rather Defendant denied the claim due to Decedent's medical history which included diabetes, hypertension, hyperlipidemia, chronic pulmonary disease and sleep apnea. Defendant also claimed that Decedent underwent diagnostic testing within the prior three (3) months to submitting the Enrollment Form. As such, Defendant reasserted its intent to rescind Decedent's life insurance policy and refund any premiums that Decedent had paid toward the policy.

13. When completing the Enrollment Form, Decedent did not misstate any material facts regarding his medical history, nor did he fail to provide pertinent medical information at the time he completed and submitted the Enrollment Form.

14. When compared to the pertinent questions asked of Decedent on the Enrollment Form as previously stated herein, Defendant wrongfully denied Plaintiff's claim based on an incorrect, inaccurate and false restatement and interpretation of Decedent's relevant medical history.

15. Defendant has in bad faith wrongfully denied Plaintiff's claim.

COUNT I – DECLARATORY JUDGMENT

16. Based on the foregoing, there is a dispute between Plaintiff and Defendant as to whether Decedent misstated material facts regarding his health history when completing and submitting the Enrollment Form.

17. There is also a dispute between Plaintiff and Defendant as to whether Defendant is entitled to rescind Decedent's life insurance policy and avoid paying Plaintiff the value of said policy.

18. The Court should settle the aforementioned disputes between the parties.

19. The costs of this matter should be assessed against Defendant pursuant to T.C.A. § 29-14-111.

COUNT II – BREACH OF CONTRACT

20. Defendant's agreement to insure Decedent's life by means of a life insurance policy constitutes an enforceable contract between Decedent and Defendant.

21. Plaintiff, as the sole beneficiary of the life insurance policy between Decedent and Defendant, is a third-party beneficiary of the policy/contract.

22. Defendant's wrongful refusal to pay Plaintiff \$75,000.00 upon Decedent's death constitutes a material breach of the aforementioned contract.

23. As a direct result of Defendant's breach of the contract, Plaintiff has suffered damages which included, but are not necessarily limited to, \$75,000.00 as the value of the life insurance policy, pre-judgement interest, costs, and fees, to include reasonable attorney's fees.

24. Defendant is responsible for Plaintiff's aforementioned damages.

COUNT III – BAD FAITH REFUSAL TO PAY

25. By its terms, Defendant's policy insuring Decedent's life has become due and payable.

26. Plaintiff has made a formal demand to Defendant for payment of her claim under Defendant's policy.

27. More than 60 days have passed from the time Plaintiff made her formal demand to Defendant for payment of her claim under Defendant's policy and the filing of this Complaint.

28. Defendant's refusal to pay Plaintiff in accordance with the express terms of the policy has not been in good faith.

29. Based on Defendant's bad faith in timely paying Plaintiff pursuant to the terms of the aforementioned life insurance policy, Plaintiff should be awarded \$75,000.00, plus interest, against Defendant, plus an award for any other damages

suffered by Plaintiff as a result of Defendant's bad faith failure to pay Plaintiff's claim, to include Plaintiff's reasonable attorney's fees.

30. Defendant should further be assessed an additional 25% of Plaintiff's aforementioned losses pursuant to *T.C.A. § 56-7-105(a)*.

COUNT IV – VIOLATION OF THE TENNESSEE CONSUMER PROTECTION ACT

31. Defendant's alleged justification for failing to pay Plaintiff's claim pursuant to Defendant's own policy was based on an incorrect, inaccurate and false restatement and interpretation of Decedent's relevant medical history as said history related to the relevant questions on the Enrollment Form completed and submitted by Decedent.

32. Based on Defendant's incorrect, inaccurate and false restatement and interpretation of Decedent's relevant medical history, it is clear that Defendant never had any intention to pay any claim arising from Decedent's death.

33. Based on Defendant's aforementioned conduct, it is clear that Defendant advertised the life insurance policy with no intent to ever pay a claim on the policy as advertised.

34. Defendant's aforementioned conduct violated the *Tennessee Consumer Protection Act (TCPA)*, *T.C.A. § 47-18-104(b)(9)*.

35. Based on Defendant's violation of the TCPA, Plaintiff should be awarded a judgment against Defendant for three (3) times her actual damages pursuant to *T.C.A. § 47-18-109(a)(3)*.

WHEREFORE, ALL PREMISES CONSIDERED, Plaintiff respectfully prays for the following relief:

(a) That she be allowed to file this Complaint and that proper process be issued and served upon the Defendant through the Commissioner of the Tennessee Department of Commerce and Insurance requiring Defendant to appear and answer within thirty (30) days of receipt of the Summons and copy of this Complaint, but not under oath, the oath being expressly waived;

(b) That this Honorable Court enter a judgment declaring that Defendant is not entitled to rescind the life insurance policy insuring Decedent's life and requiring Defendant to pay Plaintiff's claim pursuant to said policy;

(c) That a jury be impaneled to consider all triable issues in this matter;

(d) That following a trial in this matter, Defendant be found to have materially breached the terms of its life insurance policy/contract with Decedent and Plaintiff;

(e) That following a trial in this matter, Defendant be found to have refused to pay Plaintiff's claim in bad faith;

(f) That following a trial in this matter, Defendant be found to have violated the *TCPA* as alleged herein;

(g) That Plaintiff be awarded a judgment against Defendant in the amount of \$75,000, plus pre- and post-judgment interest, for Defendant's material breach of contract;

(h) That Plaintiff also be awarded all her damages suffered as a result of Defendant's bad faith refusal to pay her claim, to include her reasonable attorney's fees, plus an additional 25% of her damages pursuant to *T.C.A. § 56-7-105(a)*;

(i) That Plaintiff also be awarded treble damages for Defendant's violation of the *TCPA*;

(j) That all costs of this matter, to include Plaintiff's reasonable attorney's fees (if not awarded pursuant to a finding of bad faith), be assessed against Defendant;

(k) For any other general relief to which Plaintiff may be entitled.

Respectfully Submitted,

LAW OFFICE OF SAMUEL F. HUDSON



BY: _____
SAMUEL F. HUDSON, TNBPR # 022852
Attorney for Plaintiff
P.O. Box 485
Dunlap, TN 37327
PH: (423) 949-7900 / FX: (423) 949-9100

COST BOND

The undersigned is surety for the costs of this cause, not to exceed five hundred (\$500.00) Dollars.

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke, positioned above a solid horizontal line.

Samuel F. Hudson

☒ I'm already an AARP member.☐ I want to become an AARP member.
I understand I will be billed \$16.00 for a full year of membership.

M000592878

MEMBER ENROLLMENT FORM

Request for Group Insurance • AARP Level Benefit Term Life

Life Insurance
Program fromNew York Life Insurance Company
5505 West Cypress • Tampa, FL 33607-1787**MEMBER ENROLLMENT**

john denton
First Name Middle Last Name
358 Holly Trail
Address
Dunlap TN 37327
City State Zip

Social Security No. [REDACTED] 8 7 5 7
(Required)☒ MaleDate of Birth [REDACTED] 1950
(Required)☐ Female

Daytime Phone Number (423) 949-5280

Email Address kadenton57@gmail.com

Coverage Amount Requested☐ \$10,000 ☐ \$25,000 ☐ \$50,000 ☒ \$75,000 ☐ \$100,000 ☐ Other \$ _____**Beneficiary Designation** (If More Than One Beneficiary Is Designated, Proceeds Will Be Divided Equally Unless You Indicate A Share)

Beneficiary Name	Relationship To You	Share	Beneficiary Name	Relationship To You	Share
kathy denton	Spouse	100%			

A. PAYMENT☒ SEND NO MONEY NOW. PAYMENT WILL BE BILLED MONTHLY.☐ I WANT PREMIUMS TO BE DEDUCTED FROM MY BANK ACCOUNT EACH MONTH.

Account Holder: _____ Routing Number: _____ Account Number: _____

I authorize New York Life to deduct premiums from my account.

☒**AUTHORIZATION ELECTRONICALLY SIGNED** Applicant (Account Holder) Signature

Date

B. STATEMENT OF HEALTH

- In the past 2 years, have you had treatment or medication for or been diagnosed by a doctor as having heart trouble, stroke, cancer, lung disease, diabetes requiring insulin, liver or kidney disease, AIDS, AIDS Related Complex, or immune system disorder? ☐ YES ☒ NO
 - In the past 2 years, for any condition, have you been admitted to or confined in a hospital, nursing home, extended care or special treatment facility? ☐ YES ☒ NO
 - In the past 3 months, have you consulted a doctor or had treatment, medication or diagnostic tests of any type? ☐ YES ☒ NO
(Note: You are not required to report negative AIDS or HIV tests.)
- Please supply full details for health questions answered "Yes." List date(s) of onset below, along with types of treatment, medicine and dosage.

C. READ AND SIGNIs the insurance applied for intended to replace, discontinue or change any existing insurance or annuity? ☐ YES ☒ NO

I understand that insurance will be effective on the date of the certificate, provided my premium is received within 31 days of such Insurance Date. I understand that premium payment for insurance does not mean there is any coverage in force before the effective date as specified by New York Life ("NYL"). If material facts have been misstated here, benefits may be denied if the insured's death occurs within the first two years after the Insurance Date. I understand that AARP membership is required for Program eligibility. I represent that, to the best of my knowledge and belief, the information on this request is true and complete. Note: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

I authorize any physician, hospital, health care provider, pharmacy, pharmacy benefit manager or medical information retrieval service to release my medical information and my prescription drug history to NYL to determine my eligibility for life insurance. This information may be subject to further disclosure as required by law and may no longer be protected by the rules governing this authorization. I may revoke this authorization at any time by notifying NYL in writing, at the address on this form, except to the extent that NYL has collected information or taken action in reliance on it. This authorization may be used for 3 months from the date signed below unless revoked. This authorization must be signed and dated as a condition of obtaining this insurance. I will receive a copy of this authorization.

☒ john denton

9 / 8 / 2016

APPLICATION ELECTRONICALLY SIGNED

Date

Form GPA-A3 (1)-CF

ED720Z

EXHIBIT

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CERTIFICATE

New York Life Insurance Company
51 Madison Avenue, New York, NY 10010

AARP LEVEL BENEFIT TERM LIFE (GROUP LEVEL BENEFIT TERM LIFE INSURANCE) (To AGE 80 With Increasing Premiums)

DEFINED TERMS ARE ALL CAPITALIZED. PLEASE REFER TO THE DEFINITIONS SECTION.

POLICYHOLDER TRUSTEE OF THE AARP LIFE INSURANCE TRUST
POLICY NUMBER AA-66 (the "POLICY")

WE certify that the INSURED becomes insured on the INSURANCE DATE stated below on the Individual Schedule Of Benefits if the initial PREMIUM is paid no later than 31 days after the INSURANCE DATE. Insurance is subject to: (a) the Suicide Limitation; (b) the terms and conditions of the POLICY; and (c) OUR underwriting requirements.

INDIVIDUAL SCHEDULE OF BENEFITS

CERTIFICATE NUMBER A8742237
INSURED MEMBER John Denton
ADDRESS 358 Holly Trail
Dunlap, TN 37327
DATE OF BIRTH [REDACTED] 1950
AGE AT ISSUE 65
SEX Male
INSURANCE DATE 10-14-2016
AMOUNT OF INSURANCE \$75,000
BENEFICIARY First Beneficiary - Kathy Denton 100%

RIGHT TO EXAMINE THE CERTIFICATE FOR 30 DAYS

The OWNER will have 30 days from the date of receipt to examine the Certificate. If the OWNER does not wish to keep the Certificate, it must be surrendered to US within this period. Upon such surrender, WE will return any PREMIUM paid and insurance will be void from the start.

This Certificate replaces all Certificates and Certificate Riders, if any, previously issued under the above Certificate Number.
PREMIUM WILL INCREASE IN FIVE YEAR AGE BANDS. SEE PREMIUM ON IMPORTANT NOTICE PAGE.

Susan A. Thigpen
Secretary

John K.
President

AA-66/CERT
GMR-FACE, GMR-C-SCH

EXHIBIT

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STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT				1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) John Edward Denton		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) November 11, 2016	
4. TIME OF DEATH (Approx.) 11:35 pm		5a. AGE-Last Birthday (Years) 66		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Month, Day, Year) [REDACTED] 1950	
7. BIRTHPLACE (City and State or Foreign Country) Dunedin, Florida		8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other residence <input type="checkbox"/> Other (Specify):							
8b. FACILITY NAME (If not institution, give street and number) Hospice of Chatta. - Walker Road Facility				8c. CITY OR TOWN Chattanooga				8d. COUNTY OF DEATH Hamilton	
9. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown				10. SURVIVING SPOUSE (If wife, give name prior to first marriage) Kathy Ann Berberette				11a. DECEDENT'S USUAL OCCUPATION Bridge Inspector	
11b. KIND OF BUSINESS/INDUSTRY Department of Transportation				12. SOCIAL SECURITY NUMBER [REDACTED]				13a. RESIDENCE-STATE OR FOREIGN COUNTRY Tennessee	
13b. STREET AND NUMBER 358 Holly Trail				13c. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				13d. ZIP CODE 37327	
14. WAS DECEDENT EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown					
16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) <input type="checkbox"/> Unknown				17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown					
18. FATHER'S NAME (First, Middle, Last) James Edwin Denton				19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Mary Augusta Miller					
20a. INFORMANT'S NAME Kathy A. Denton				20b. RELATIONSHIP TO DECEDENT Wife				20c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 358 Holly Trail, Dunlap, Tennessee 37327	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)				21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Sylvan Abbey Memorial Park				21c. LOCATION - City or Town and State Clearwater, Florida	
22a. SIGNATURE OF FUNERAL DIRECTOR E. Russell Ford				22b. LICENSE NUMBER 6856				22c. SIGNATURE OF EMBALMER Thomas L. Nolan	
22d. LICENSE NUMBER 3611				23a. NAME AND ADDRESS OF FUNERAL HOME Chattanooga Funeral Home, Crematory & Florist, 5401 Hwy. 153, Hixson, TN 37343				23b. LICENSE NUMBER OF FUNERAL HOME 414	
24. REGISTRAR'S SIGNATURE [Signature]				25. DATE FILED (Month, Day, Year) November 22, 2016					
26. CERTIFIER (Check only one): 26a. <input checked="" type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. 26b. <input type="checkbox"/> MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.									
27a. SIGNATURE OF CERTIFIER [Signature]				27b. LICENSE NUMBER TN-27356				27c. DATE SIGNED (Month, Day, Year) 11-16-16	
27d. NAME AND ADDRESS Dr Gregory Phelps 4411 Oakwood Drive Chattanooga TN 37416				28. PART I. Enter the <u>direct causes</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. <u>Lung cancer</u>					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): a. <u>Lung cancer</u> b. c. d. 28b. PART II. Enter the <u>underlying cause</u> (disease or injury that initiated the events resulting in death) LAST <u>DM, HTN, NLD</u>				29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined				31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				32. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
33. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)				34e. DESCRIBE HOW INJURY OCCURRED					
34f. LOCATION OF INJURY (Street and Number, City or Town, State)				34g. LOCATION OF INJURY (Street and Number, City or Town, State)					

PH-1659 (Rev. 10/2011)

RDA 1399

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACCEM
COMMISSIONER



EXHIBIT

1100 East Third Street
Chattanooga, TN 37403
423-778-8837 Fax: 423-778-9301

Department of Family Medicine
1100 East Third Street
Chattanooga, Tennessee 37403
Tel: (423) 778-2957
Fax: (423) 778-2959

Re: JOHN DENTON (DECEASED)
DOB: [REDACTED] 1950
Phone: (423) 949-5280
Address: 358 HOLLY TRL
DUNLAP, TN 37327

To Whom It May Concern,

John Denton was my patient at UT Family Medicine in Chattanooga TN from 2011 until his death in late 2016. He was diagnosed with small cell cancer of the lung on October 1st, 2016.

Prior to his diagnosis, Mr. Denton had been evaluated for a complaint of poor exercise tolerance with multiple tests including an evaluation by a cardiologist. All tests were normal and HE HAD NO DIAGNOSES OF CARDIAC OR PULMONARY DISEASE PRIOR TO HIS OCTOBER 1ST DIAGNOSIS OF LUNG CANCER. Cardiology impression was deconditioning.

Mr. Denton had no significant symptoms of cardiac or pulmonary disease at the time that he obtained his life insurance policy.

If any questions arise concerning this report of Mr. Denton's medical history, please do not hesitate to call me at 423-778-9328.

Sincerely,



Paul L Dassow MD, MSPH
Associate Professor
Department of Family Medicine
University of Tennessee College of Medicine

